Edgar Filing: GALANTE EDWARD G - Form 4

GALANTE EDWARD G										
Form 4										
October 03, 2012										
FORM 4 LINITED		GEGU			CHANGE			PPROVAL		
UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-028	87	
Check this box if no longer							Expires:	January 3		
subject to STATEN	MENT OF	F CHAN	NGES IN	BENEF	ICIAL O	WNERSHIP OF	Estimated	20) average	05	
Section 16.			SECU	RITIES			burden hou	•		
Form 4 or	_						response	C).5	
abligations						nge Act of 1934,				
Section 170 See Instruction 1(b).			•	•	npany Act ny Act of 1	of 1935 or Secti 940	on			
(Print or Type Responses)										
1. Name and Address of Reporting GALANTE EDWARD G	Person *	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
GALAITE LOWARD O		Symbol DP A Y	AIR INC	[DY]						
						(Check all applicable)				
(Last) (First) (Middle) 3. Date of Earliest Transaction					V Dimeter	100	(O		
C/O PRAXAIR, INC., 39 O	LD.	(Month/Day/Year) 10/01/2012			X_ Director 10% Owner Officer (give title Other (specify					
RIDGEBURY ROAD		10/01/2012			below)	below)				
(Street)		4. If Amondment, Data Original				6. Individual or Joint/Group Filing(Check				
(bitet)		4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)				
	1 nea(int	Jilli Duj i cu	.)		_X_ Form filed by One Reporting Person					
DANBURY, CT 06810-511					Form filed by Person	More than One R	eporting			
(City) (State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of 2. Transaction Date	2A. Deeme	ed	3.	4. Securi	ties	5. Amount of	6. Ownership	7. Nature of		
	Execution	Date, if	Transactio			Securities	Form: Direct	Indirect		
(Instr. 3)	any (Month/Da	v/Veor)	Code (Instr. 8)	Disposed (Instr. 3,		Beneficially Owned	(D) or Indirect	Beneficial Ownership		
	(Month/Da	.y/ 1 cal)	(11150. 0)	(11150. 5,	4 and 5)	Following	(I) (Instr. 4)	(Instr. 4)		
					(A)	Reported		· · ·		
					(A) or	Transaction(s)				
			Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
				-	-	spond to the colle	ection of S	SEC 1474		
				inforr requi	nation cont red to resp	tained in this forn ond unless the fo ntly valid OMB co	n are not rm	(9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(]		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock	\$ 0 <u>(1)</u>	10/01/2012		А		216.325		(2)	(2)	Common Stock	216.325

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GALANTE EDWARD G C/O PRAXAIR, INC. 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113	Х							
Signatures								
Anthony M. Pepper, Attorney-in-Fact		10/03/2012						
**Signature of Reporting Person		Date						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Conversion to Praxair Common Stock is on a 1-for-1 basis.
- (2) Deferred stock units acquired by reporting person under the Praxair, Inc. Director's Fees Deferral Plan and are to be settled in Praxair Common Stock upon the reporting person's retirement or termination of service.
- (3) This total includes shares previously acquired through automatic dividend reinvestment under the Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.